

**Work Order ID 106812**

September-11-13 11:44:16 AM

**\*106812\***

Page 1

Item ID: D3874-2

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Floor Protector - Pilot (Sub-Com D206-781-011)

Stop

**\*NS2\***

Start Date: 9/06/13 Start Qty: 1.00

~~\*1\*  
\*1\* J~~

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: MLJDate: 13-09-16 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3874	A	100 <b>*100*</b> HandThermo Hand Finishing Thermoforming	Memo 1-Cut Sheet to required Blank size	0.00	X2	DAS 07 13/10/02
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105 <b>*105*</b> HandThermo Hand Finishing Thermoforming	Dry Material Dry Sheet as per QSI022 POLYCARBONATE	0.00	X2	DAS 07 13/10/02
	Temp: <u>340° F</u>			
	Time IN: <u>7:00 pm</u>	<u>13/10/01</u>		
	Time OUT: <u>7:00 am</u>	<u>13/10/02</u>		

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**QA Closed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input checked="" type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

**Work Order ID 106812****\*106812\***

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<b>Item ID:</b>	D3874-2	<b>Accept</b>	<b>*N900040100*</b>	<b>Setup</b>	<b>Start</b>	<b>*NS1*</b>	
<b>Revision ID:</b>					<b>Stop</b>	<b>*NS2*</b>	
<b>Item Name:</b>	Floor Protector - Pilot (Sub-Com D206-781-011)						
<b>Start Date:</b>	9/06/13	<b>Start Qty:</b>	1.00	<b>Cust Item ID:</b>			
<b>Required Date:</b>	9/11/13	<b>Req'd Qty:</b>	1.00	<b>Customer:</b>			
<b>Reference:</b>							
<b>Approvals:</b>	<b>Process Plan:</b>	<b>Date:</b>	<b>Tooling:</b>	<b>Date:</b>	<b>Run</b>	<b>Start</b>	<b>*NR1*</b>
	<b>QC:</b>	<b>Date:</b>	<b>SPC (Y/N):</b>	<b>Date:</b>		<b>Stop</b>	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 <b>*110*</b> Thermoform	Memo 1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA039 using tool DT9474 Dwg Rev: <u>A</u> Folio Rev: <u>B</u>	0.00				x2			<u>Dh</u> 13/10/02
140 <b>*140*</b> HandThermo	Memo 1-Trim to finished dimensions as per Dwg	0.00				x7			<u>DAG</u> 13/10/04
150 <b>*150*</b> QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo Complete FAI document	0.00				x2			<u>BB</u> 13/10/04

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	Bending <input type="checkbox"/>	General <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

**Work Order ID 106812****\*106812\***

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<b>Item ID:</b>	D3874-2	<b>Accept</b>	<b>*N900040100*</b>	<b>Setup</b>	<b>Start</b>	<b>*NS1*</b>	
<b>Revision ID:</b>					<b>Stop</b>	<b>*NS2*</b>	
<b>Item Name:</b>	Floor Protector - Pilot (Sub-Com D206-781-011)						
<b>Start Date:</b>	9/06/13	<b>Start Qty:</b>	1.00	<b>*1*</b>	<b>Cust Item ID:</b>		
<b>Required Date:</b>	9/11/13	<b>Req'd Qty:</b>	1.00	<b>*1*</b>	<b>Customer:</b>		
<b>Reference:</b>							
<b>Approvals:</b>	<b>Process Plan:</b>	<b>Date:</b>	<b>Tooling:</b>	<b>Date:</b>	<b>Run</b>	<b>Start</b>	<b>*NR1*</b>
	<b>QC:</b>	<b>Date:</b>	<b>SPC (Y/N):</b>	<b>Date:</b>		<b>Stop</b>	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> QC	QC5- Inspect part completeness to step on W/O Quality Control	0.00							② 13-10-01 00
170 <b>*170*</b> Packaging	Identify as per dwg & Stock Location: Memo PPP/106139	0.00							13/10/9 ② DAS 32 9-89
180 <b>*180*</b> QC	QC21- Final Inspection - Work Order Release Quality Control	0.00							①/10/13-10-10 MF 13-10-09

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____  NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		

# Picklist Print

September-11-13 11:44:16 AM

Page 1

Work Order ID: 106812

Parent Item: D3874-2

Parent Item Name: Floor Protector - Pilot (Sub-Com D206-781-011)

Start Date: 9/06/13

Required Date: 9/11/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A 09.02.06 New Issue DL  
Material 10/04/21 DL

IPP Rev B Add Step 105 Dry

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08 Lexan Sheet		Purchased	No			100	sf	373.0800	4.38	4.38			DAS C7

Location	Loc Qty	Loc Code	
therm 113127	373.08 373.08		4.38 sq ft.

13/10/04

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

DART AEROSPACE LTD	Work Order:	106817
Description: Floor Protector	Part Number:	D3874-2
Inspection Dwg: D3874 Rev: A		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

First Article     Prototype

#### THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>3/16</u> "	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by:

Df.

Date:

13/10/02

#### TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.050	Min	0.064"	✓		CAL-TH-DT	
0.065	Min	0.084"	✓		CAL-TH-DT	
0.5	Min	0.53"	✓		CAL-TH-DT	
21.9	REF	21.9"	✓		TAPE-DL-01	

Measured by:

DAS

Date:

13/10/04

Audited by:

9  
9-89

Date:

13-10-10

Prototype Approval:

N/A

Date:

N/A

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	M

8 7 6 5 4 3 2 1

D

D

C

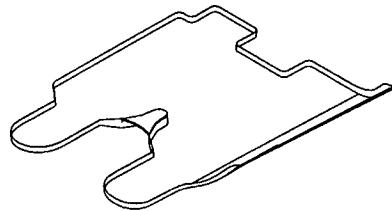
C

B

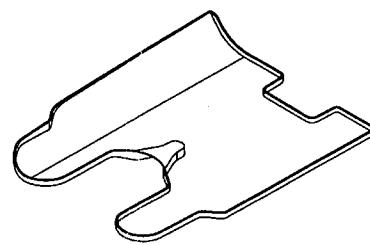
B

A

A



D3874-1 FLOOR PROTECTOR



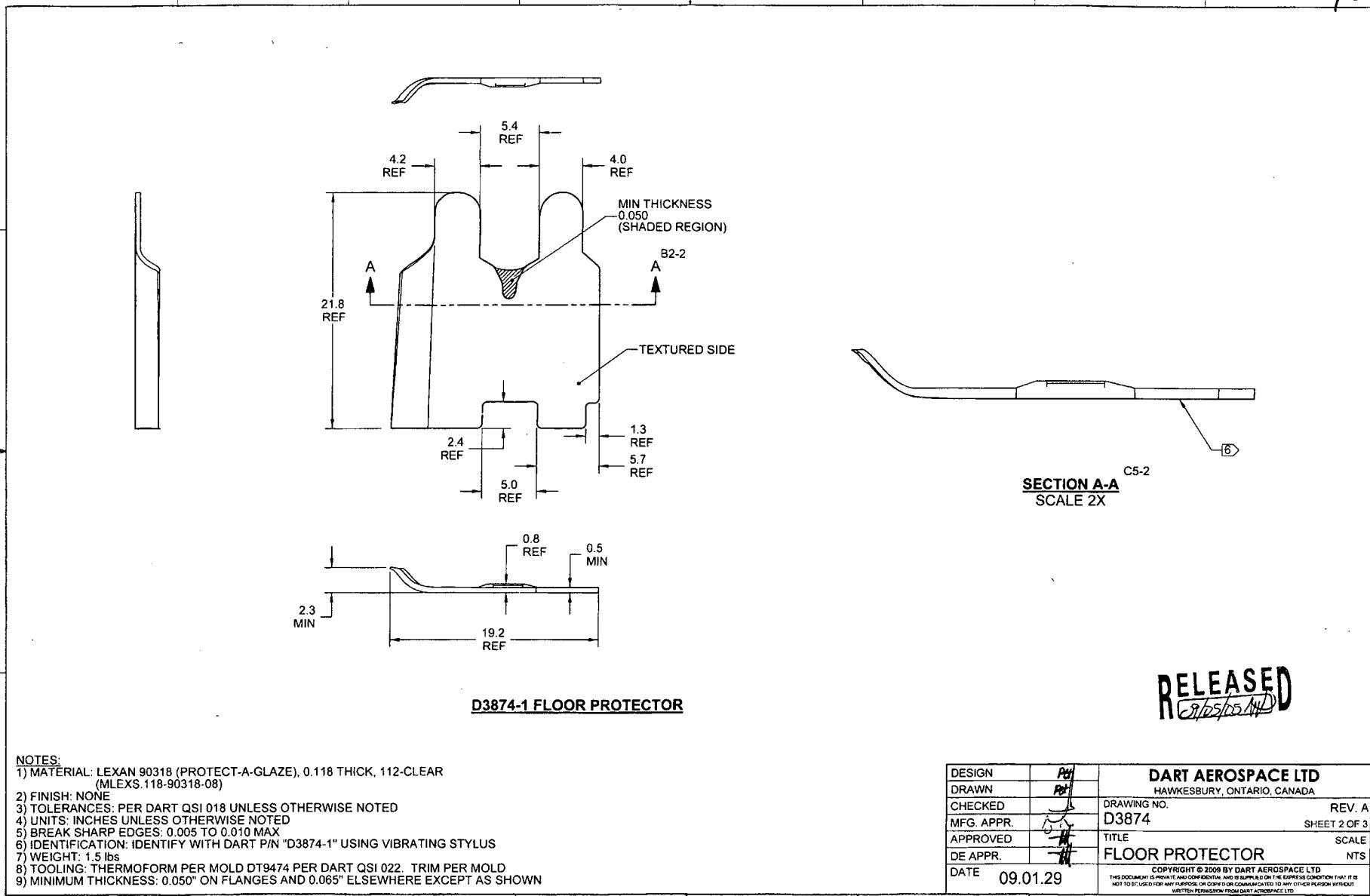
D3874-2 FLOOR PROTECTOR

106812 MLJ  
13-09-16

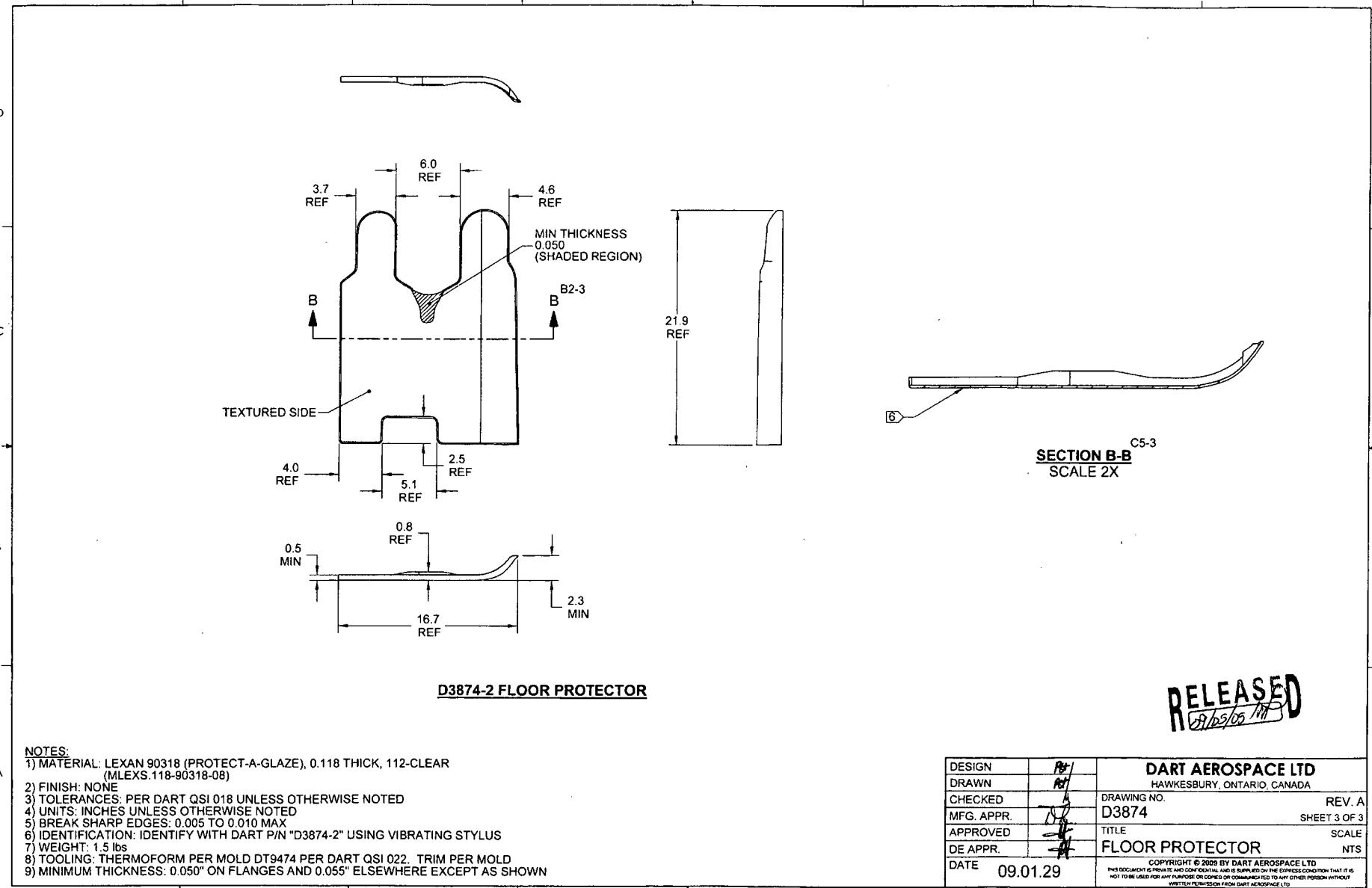
RELEASED  
*(09/09/05/16)*

A	NEW ISSUE	PH	09.01.29
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>PH</i>	DART AEROSPACE LTD	
DRAWN	<i>PH</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>a</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>PH</i>	D3874	SHEET 1 OF 3
APPROVED	<i>PH</i>	TITLE	SCALE
DE APPR.	<i>PH</i>	FLOOR PROTECTOR	NTS
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8 7 6 5 4 3 2 1



DESIGN	PJ	DART AEROSPACE LTD
DRAWN	PJ	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO. D3874 REV. A
MFG. APPR.		SHEET 2 OF 3
APPROVED		TITLE FLOOR PROTECTOR SCALE NTS
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DATE	09.01.29	



DESIGN	RE/	DART AEROSPACE LTD
DRAWN	RE/	HAWKESBURY, ONTARIO, CANADA
CHECKED	RE/	DRAWING NO. REV. A
MFG. APPR.	RE/	D3874 SHEET 3 OF 3
APPROVED	RE/	TITLE SCALE
DE APPR.	RE/	FLOOR PROTECTOR NTS
DATE	09.01.29	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD

RELEASED  
09/05/02